

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period

from 01/01/2010

through 03/17/2010

Date of election if applicable:
(Month, Day, Year)

06/08/2010

Date Stamp

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/
Officeholder Committee
- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain)
(also check type of statement you are amending)
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1243637

COMMITTEE NAME

AECOM US FEDERAL PAC - CALIFORNIA ACCOUNT

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ARLINGTON	VA	22201	(703)682-5010

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Stephen Polechronis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	5623559161

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/18/2010
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By Stephen Polechronis
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2010	
through	03/17/2010	Page 2 of 3
NAME OF COMMITTEE AECOM US FEDERAL PAC - CALIFORNIA ACCOUNT		I.D. NUMBER 1243637

Expenditures Made

1. Expenditures of \$100 or more made this period	\$3,000.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$3,000.00
4. Nonmonetary Adjustment From Line 8 Below	\$0.00
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$3,000.00

Contributions Received

7. Monetary contributions received this period	\$3,000.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$3,000.00

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$0.00
12. Cash receipts this period Line 7 above	\$3,000.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period Line 3 above	\$3,000.00
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$0.00

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NAME OF COMMITTEE

AECOM US FEDERAL PAC - CALIFORNIA ACCOUNT

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
02/17/2010	Joel Keller for BART Director Oakland, CA 94612 Committee ID: 1288992	MONETARY CONTRIBUTION Contribution	Candidate: Joel Keller Race: BART Director Jurisdiction: County Jurisdiction Description: District 2, Contra Costa County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp	\$1,000.00	Calendar Year \$1,000.00 Other 2010G \$1,000.00
02/17/2010	Committee to Elect Tom Blalock Oakland, CA 94612 Committee ID: 942590	MONETARY CONTRIBUTION Contribution	Candidate: Tom Blalock Race: BART Director Jurisdiction: County Jurisdiction Description: District 6, Alameda County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp	\$1,000.00	Calendar Year \$1,000.00 Other 2010G \$1,000.00
03/09/2010	Hernandez for Assembly 2010 Sacramento, CA 95814 Committee ID: 1316190	MONETARY CONTRIBUTION Contribution	Candidate: Roger Hernandez Race: State Assembly Person District 57 Jurisdiction: State Assembly District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp	\$1,000.00	Calendar Year \$1,000.00 Other 2010P \$1,000.00
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year Other
SUBTOTAL				\$3,000.00	

* Required only for payments which are contributions or independent expenditures.